

P.O. Box 12076 Austin, Texas 78711 ◆ (877) 542-2474 ◆ (512) 463-7476 ◆ Hearing impaired: (800) 735-2988 voice ◆ www.TexasAgriculture.gov

Texas Department of Agriculture Public Weigher Certificate of Authority Application

TODD STAPLES, COMMISSIONER

RWM-702

	¹ TYPE OF APPLICATION								
	☐ New Business	ownership – previous acc	ous account number:						
	² BUSINESS TYPE			TDA USE ONLY					
	☐ Corporation	orporation Sole P			Client No.		Account No.		
	Limited Liability Co.								
	Limited Partnership	Organization		1	Date (mm/dd/	/yy)	Initials		
	General Partnership				/ /	′			
³ CLIENT INFORMATION									
NA	Full legal business name (owner's name if sole proprietor – no aliases)								
D.B.A. (if applicable)									
${f EC1}$	D.B.A. (if applicable)								
\mathbf{S}									
	Comptroller Taxpayer ID No.(In-st	omptroller Taxpayer ID No.(In-state businesses)			Federal ID No.(Out-of-state businesses and nonprofit org.)				
	SOLE PROPRIETORSHIP ONL	Y							
	Social Security No. (SSN - Required)								
		Occupational License - No Social Security Number (OGC-001)			(OGC-001)				
	Duizza Lizza a Na	available at www.TexasAgriculture.gov			-				
	Driver License No.			if SSN is not available)		TX			
	State Issued ID No.		(i	if DL is not available)		☐ Oth	ner		

Note: Applicants must submit their original bond <u>WITH</u> the application for Certificate of Authority. The initiation date of the Bond should be within two weeks of the submission of the application for Certificate of Authority.

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

	¹ RESPONSIBLE PERSON INSTRUCTIONS							
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:							
	 For a corporation, limited liability company, or cooperative, the president or CEO, 							
	• For a limited or general partnership, the managing partner or general manager,							
	• For a sole proprietorship, the owner,							
	• For any other type of business, the general manager.							
SECTION B	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER							
	First Name	M. I.	Last Name					
	Phone No.	1	E-mail					
	() - Ext.							
	³ RESPONSIBLE PERSON MAILING ADD	DRESS						
	Address							
	City				State	Zip		
	Web Address of Business (optional)							
	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS							
	First Name	M. I.	Last Name					
	Primary Phone		Secondary Phone (optional)					
	() - Ext.	Ext.						
\mathbf{C}	Fax (optional)							
SECTION C	() - Ext.							
$\mathbb{C}\mathbf{\Pi}$	E-mail (optional)		Would you prefer to be contacted by E-mail?					
SE		☐ Yes ☐ No						
	² MAILING ADDRESS							
	Address							
	City	State	Zip					

	¹ FACILITY INFORMATION – NAME OF LICENSEE					
	Facility Name					
	² PHYSICAL ADDRESS OF LOCATION (WHERE WEIGHING WILL TAKE PLACE)					
ON D	Address (No P.O. Box)					
SECTION	radiess (No.1.0. Box)					
	City	State	Zip	County		
	Directions to Physical Location if address above is difficult to find					
	¹ OUT-OF-STATE APPLICANTS ONLY					
	An applicant for a Public Weigher license whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas. If address provided in Section B is out of state resident agent information is REQUIRED.					
NE	Who do you wish to designate as resident agent? The Texas Secretary of State Other (list below)					
SECTION	Resident Agent Name					
SE	Resident Agent Address					
	City	Zip		Business Phone		
				() -		
F	¹ PUBLIC WEIGHER FEE					
SEC.	Public Weigher – (\$485 fee) – Proceed to Section G					
	¹ PAYMENT					
G	REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.					
SECTION						
EC	Amount remitted		Mail to: Texas Department of Agriculture			
S	\$	P.O. Box 12076, Austin, TX 78711-2076				
	TDA USE ONLY Receipt No	Date Rec	ceint Issued			

	¹ SIGNATURE					
	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in					
	connection with this application at any time is true and correct to the best of the applicant's knowledge; (2)					
	acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the					
SECTION H	applicant, in connection with this application, whether intentional or not, will constitute grounds for denial,					
	revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary					
	administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be					
	denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due					
	to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application					
	may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of					
	the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf					
	of the applicant.					
	Applicant Name	Title				
	Applicant Signature	Date / /				
		month day year				
	¹ CHECKLIST					
Ι	Please use this checklist to ensure you are sending all of the necessary information and documents.					
NO	Public Weigher Certificate of Authority Application (signed and dated)					
TI	Fee (\$485)					
SECTION I						
	Bond of Public Weigher in the amount of \$10,000 for a duration of 2 years					
	Please note that an incomplete application may	result in processing delays.				